

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 3 6

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201, 447.304

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 259.06b. FFY 2001 \$ 1047.11

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 7, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME (TN 00-04) Pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to provide for a 22.5% increase in
the reimbursement rate for home health extended skilled nursing visits. Additional funds for
this purpose were allocated during the 2000 2nd Extraordinary Session of the Legislature.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does
not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09-29-00

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

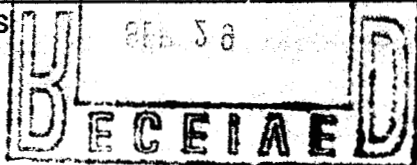
21. TYPED NAME:

REGIONAL ADMINISTRATOR
CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B

Item 7, Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
447.201
447.304

Medical and Remedial
Care and Services
Item 7.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-29-00</u>	
DATE APP'D <u>6-6-01</u>	
DATE EFF <u>7-1-00</u>	
HCFA 179 <u>00-36</u>	

Home Health Care Services

- Item 7.a. Intermittent or part-time nursing services
- Item 7.b. Home health aide services
- Item 7.c. Medical supplies, equipment and appliances suitable for use in the home
- Item 7.d. Rehabilitation services

I. Method of Payment

- A. Intermittent or Part-time Nursing Service provided by a home health agency and for home health aide services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). An increase of 22.5 percent (22.5%) based on additional funding provided by the legislature is applied to the reimbursement rate in effect as of June 30, 2000 for home health extended skilled nursing visits. Reimbursement for skilled nursing services provided by a licensed practical nurse (LPN) is made at 80 percent (80%) of the established fee for skilled nursing in effect as of January 31, 2000. Skilled nursing services provided by a licensed registered nurse (RN) will continue to be reimbursed at the established fee in effect as of January 31, 2000.
- B. Rehabilitation Services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the twentieth (20th) percentile trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). Reimbursement for physical therapy services provided by a physical therapist assistant is made at 80 percent (80%) of the established fee in effect as of January 31, 2000. Physical therapy services provided by a licensed physical therapist will continue to be reimbursed at the established fee for service in effect as of January 31, 2000.

SUPersedes: TN - LA 00-04

TN# 00-36 Approval Date 6-6-01 Effective Date 7-1-00
Supersedes
TN# LA 00-04